							Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOF						D.		~   .	ر بر	0 7	2	
Effective December 29, 1999							$\cup$	111	<u>0</u> 5	923	30	
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMA TYF	LL EN	717¥ □	OR	OTHER SMALL		
FOR		NUMBE	NUMBER FILED		NUMBER EXTRA		E	FEE	1 [	RATE	FEE	
BASIC FEE			,				3	45.00	OR		690.00	
TOTAL CLAIMS		45	45 minus 20= * 8		25	X\$ 9=			OR	X\$18 <u>≕</u>	1156	
INDEPENDENT CLAIMS		AIMS /	minus 3	3 = *	8	X39		1. 1		X78=	(20	
MUI	LTIPLE DEPEN	DENT CLAIM PI	RESENT	<b>.</b>		-	$\dashv$	•	OR	<u> </u>	OX Y	
* If the difference in column 1 is less than zero, enter "0" in column 2						+130			OŖ	+260=	17 17 1	
·						TOT	AL.	<del> </del>	OR	TOTAL	1164	
	CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)				(Column 3)	SMALL ENTITY			OTHER THAN OR SMALL ENTITY			
NT A	A.	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAY	E TI	DDI- ONAL FEE		RÄTE	ADDI- TIONAL FEE	
DME	Total	. 66	Minus	45	=2/	_X\$.9	$\overline{}$		- OR	X\$18=	318	
AMENDMENT	Independent	15	Minus	*** //	= 4	X39	_\	•	OR	X78=	344	
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					100	. \			000		
	:	•		•	÷	+130	)= TAL		OR	+260=	4-1-4	
						ADDIT.		7	OR	ADDIT: FEE	TId-	
-		(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)		· · ·	DDI-	· .		ADDI	
AMENDMENT B	** 13°	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E TI	ONAL FEE		RATE	ADDI- TIONAL FEE	
	Total .	*	Minus	**	=	X\$ 9	9=		OR	X\$18=		
	Independent	* .	Minus	***	=	X39	) <del>=</del>		OR	X78=	<u> </u>	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						_		1	+260=	•.	
		•				+130	TAL		OR	TOTAL		
					(0.1	ADDIT.	FEE L	•	OR	ADDIT. FEE		
	7	(Column 1) CLAIMS	· · · ·	(Column 2) HIGHEST	(Column 3)	_		DD1	1 1	•		
AMENDMENT C		REMAINING AFTER AMENDMENT	1. 1. 1. 1	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E TK	DDI- ONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	=	X\$ 9	)= ·		OR	X\$18=		
AME	Independent		Minus	***	=	X39	=		OR	X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+130				1000		
				mn 2, write "0" in co		1	TAL		OR	+260=		
	If the "Highest Nur If the "Highest Nu	mber Previously P mber Previously F	aid For" IN THI	S SPACE is less that S SPACE is less th	an 20, enter "20." an 3, enter "3."	ADDIT.	FEE L	•		ADDIT. FEE		
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												